

FROM	TO	TOTAL FEET	FORMATION
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Driller	J. W. Handley
Driller	T. E. Pryor

Rock pressure, lbs per sq. in. _____

If gas well, cu. ft. per 24 hours _____

emulsion; _____ % water; and _____ % sediment.

The production for the first 24 hours was _____ barrels of fluid of which _____ % was oil; _____ % Put to producing _____, 19____.

DATES

Cable tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet.

Rotary tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet.

TOOLS USED

Explosive used	Quantity	Date	Depth shot	Depth cleaned out

SHOOTING RECORD

Depth	Length	Depth set

PLUGS AND ADAPTERS

Material	None
Adapters	

MUDDING AND CEMENTING RECORD

Number sacks of cement	Method used	Mud density	Amount of mud used

It is of the greatest importance to have a complete history of the well. Please state in detail the dates of redrilling, together with the reasons for the work and its results. If there were any changes made in the casing, state fully, and if any casing was "sidetracked" or left in the well, give the size and location. If the well has been dynamited, give date, size, position, and number of shots. If plugs or bridges were put in to test for water, state kind of material used, position, and results of pumping or bailing.

Weight per foot	Threads per foot	Make	Amount	Kind of shoe	Cut and pulled from	Perforated	Purpose
						From—	To—

CASING RECORD

No. 1, from _____ to _____	No. 2, from _____ to _____	No. 3, from _____ to _____	No. 4, from _____ to _____
No. 1, from _____ to _____	No. 2, from _____ to _____	No. 3, from _____ to _____	No. 4, from _____ to _____

IMPORTANT WATER SANDS

OIL OR GAS SANDS OR ZONES

Completed drilling _____, 19____. Finished drilling _____, 19____.

The summary on this page is for the condition of the well at above date.

Date _____, 19____. Title _____.

Signed _____, _____.

The information given herewith is a complete and correct record of the well and all work done thereon so far as can be determined from all available records.

Location _____ of _____ line and _____ ft. _____ of _____ line of _____.

Well No. _____, Sec. _____, T. _____ R. _____ Meridian _____, _____ County, _____ State, _____.

Lessors or Third Parties _____.

Company _____.

Address _____, _____, _____.

LOG OF OIL OR GAS WELL

U. S. DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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